

Foe of Toxic Dentistry, Hal Huggins Remembered

Holistic dentist, researcher, author, Hal Huggins, died on November 29, 2014. He is considered by many to be the single most important leader in dentistry who ignited the anti-dental amalgam mercury movement in America. Despite building a large holistic dental practice hub in Colorado Springs, Colorado, in the early 1990s, by early 1996, Huggins had lost his license to practice due to a hostile Colorado state dental board. Yet he continued to lecture, research and write, influencing the course of dentistry for the entire rest of his life.



Film-maker Christy Diemond said, "Hal Huggins was a great man and deserves credit for all he has done and what he had to endure to do it. He was really the first voice to stand up and ring the alarm when many of his colleagues and others remained silent, or worse, attacked him for doing the right thing. He was the light I followed to regain my health and I have him to thank for it as does everyone else who followed him." - Christy Diemond, who made the

short film documentary *Mercury, a Slow Death*.

Dr. Thomas Levy, MD, said, "I don't believe anybody deserves more credit than Dr. Huggins for starting and then for leading the anti-mercury amalgam movement in the world. Very, very many people have been less sick, have lived longer lives, and have been able to prosper health-wise because of the bulldog-like tenacity of Dr. Huggins in making sure his fellow dentists absolutely understood how toxic mercury is and how crazy it is to put mercury fillings inside someone's mouth. Hal also has re-energized the realization of the incredible importance of **the toxicity of root canal treated teeth**. The proponents of the

negative impact of focal dental infection go back hundreds of years, but it took Hal Huggins to shine a light on the science that reveals the deadly nature of this procedure. Holistic dentistry will be forever grateful for the work of Dr. Huggins." – Thomas Levy, MD, who, with Huggins, co-authored *Uninformed Consent, the Hidden Dangers in Dental Care* [1999]. For more on the life of Hal Huggins, continue on page 2

Landmark Settlement Reached in Dental Amalgam Mercury Case

On October 21, 2014, a personal dental malpractice lawsuit was quietly settled out of court in favor of plaintiff, Freya Koss who, while admittedly is relieved that it's over, is yet somewhat dismayed at not having gone to trial, as a positive jury verdict would have set a legal case precedent. Still, credit Freya Koss' fourteen years of unyielding persistence for bringing this case to its landmark conclusion.

The settlement averted a jury trial that had been scheduled to take place in New York Supreme Court, Bronx County. The complaint, as filed in 2000 by Ms. Koss, alleged that the dentist had exposed her to dangerous levels of mercury during the removal of an existing amalgam filling and replacement of a new

amalgam filling. Further, she alleged that her injuries were due to a number of deviations from the acceptable standard of care in 1998. Among the deviations, she charged that liquid mercury was used rather than a pre-encapsulated form of dental amalgam. Also, she charged that the liquid mercury was inadequately mixed in an antiquated damaged "amalgamator" device that was manufactured in 1941. In addition, no precautions were taken to prevent inhalation of mercury vapors, which caused harm to her nervous system. She also alleged that the dentist failed to inform her of the risks involved in the drilling out and replacement of mercury containing amalgam fillings.

Under the terms of the settlement, Ms.



Freya Koss with
Dr. William Kracht

Koss is not permitted to reveal the amount of the settlement or certain details related to the defendant. See the story PAGE 4 in which she recalls her personal ordeal of mercury poisoning from the use of dental amalgam mercury. ■

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Information packets are available via mail upon request. The packet contains an Information Guide about the dental - health connection and describes the many resources that are available through DAMS. Packets include a list of practitioners, mostly dentists, in your state or province. The packets are sent free, but a donation is requested. An envelope for donations and memberships is enclosed with every packet.

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DAMS articles also may discuss legal issues, but information and views expressed in any DAMS publication should not be taken as legal advice and those seeking a legal opinion should consult an attorney.

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Hal Huggins, Remembered continued from page 1

Dr. Hal Huggins died peacefully at his home in Colorado Springs on Saturday November 29, 2014. He was 77. He was survived by three children: David Huggins, Chip Elizabeth, and Holden (“Denny”) Conover and by two grandchildren and one great grandchild.

On subjects ranging from dental amalgam mercury fillings, root canal treated teeth (“root canals”) and dental implants, Huggins challenged the dental establishment point of view that these procedures are safe. Huggins brought forth an extensive body of scientific research, along with numerous case reports to argue that these practices can lead to immune disorders, neurological diseases and other illnesses. He developed protocols for amalgam filling removal, where elaborate protections are needed, and the proper extraction of root canaled teeth and other dead teeth.

In the beginning of his career, Huggins was comfortable not only

being a member of the American Dental Association (ADA), he was even a featured speaker at some of ADA's conferences. But during the 1970s Huggins began to study the role of nutrition in dentistry and how a patient's blood chemistry could be used to monitor the success of a patient's treatment plan. A turning point was when Olympio Pinto, a Brazilian dentist, told Huggins of the impacts that dental materials have on a patient's blood chemistry and how the use of dental amalgams, which are half mercury, cause a deterioration of health indicators, as seen in the blood. Huggins completed a Master's Degree at the University of Colorado in immunology and toxicology in 1989. Also by then he had transformed his dental practice into a mercury-free, holistic operation. In 1990 he went on to found the Huggins Diagnostic Center in his town of Colorado Springs, where many healing disciplines were blended with a health

conscious, non-toxic dentistry.

His home-spun mix of science, anecdotes and humor made him a popular speaker willing to take on the pro-mercury amalgam positions of the dental establishment. When CBS' *60 Minutes* television program did a special feature documentary on the dental amalgam controversy in December 1990, the ADA agreed to send spokesmen to be interviewed, but only on the condition that Hal Huggins not be included in the show. So, he did not appear on it; but, even so, the powerful exposé of the dental mercury hazards and the apparent cover-up by the ADA was seen by 30 million TV viewers. Also fueling the momentum of the anti-amalgam movement was the basic scientific work, such as animal studies and human autopsy studies, indicating clearly that amalgams are not safe. Academies such as the International Academy of Oral Medicine and Toxicology (IAOMT), which had been founded in 1984 to educate the dentists and other professionals, worked in parallel to what Huggins was doing to grow the movement. Huggins' first book, *It's All in Your Head, The Link Between Mercury Amalgams and Illness*, published in 1993, gave added momentum to the holistic dental movement and to Huggins' prominence.

But then, as with other holistic dentist leaders, Huggins became a target of his state dental board. The board was not an actual part of the ADA but its membership was completely dominated by their members and reflected the ADA's views on the dental controversies of the day. Soon he was facing charges by the state dental board that his removal of mechanically sound dental amalgam mercury fillings and root canaled teeth was "unethical, unprofessional, and against the standard of care." For the dental board, carrying out these practices at the core of holistic dentistry meant you were a bad dentist, needing to be disciplined or shut down. After a lengthy and expensive battle with the dental board, Huggins was finally shut down in late 1995. The Huggins Diagnostic Center, with all of its dentists facing the same reign of repression, was also shut down.

But for Huggins, it was not time to quit his research and his efforts to reform dentistry. He could still exercise his First Amendment right to speak out and to publish; and he did. His 1999 book, *Uninformed Consent, the Hidden Dangers in Dental Care*, was co-authored with Thomas Levy, MD. This book took on the broader scope of topics in holistic dentistry, taking aim at root canals, jawbone cavitations and implants. Huggins'

2003 book, *Solving the MS Mystery*, focused on the challenges of overcoming multiple sclerosis (MS), something in which Huggins had a particular interest because of his own flare-ups of MS symptoms upon any passing exposure to mercury. His booklet, *Root Canals, Savior or Suicide*, offered many illustrations of what root canal treatments are and how it is that they can present a hazard. In March 2013, Huggins came out with a new book, *Patient Empowerment*, putting forth his newer findings, especially on root canals. At the time of his death, a sequel on dental implants remained unfinished. The task of completing that book was assigned by Huggins to John O'Melveny Woods.

At the last conference where he was seen, the September 2014 meeting of the IAOMT, Huggins, soft spoken and looking fragile, gave a poetic reading of his own poem on the dental themes that permeated his life. Modeled after Martin Luther King's "I have a dream" speech, Huggins' farewell poem is now referred to as "Hal's Dream." In it he stated his case against not only dental amalgams but also root canals and implants. His audience, his holistic peers at the conference, listened with rapt attention.

Bringing his intelligence and moral courage to bear against the entrenched and powerful dental establishment and its many cover-ups, Hal Huggins gained fame and admiration of many. Yet, enduring setbacks and many types of attacks, he paid a serious price for taking his stands. But he never gave up. ■

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Hal Huggins- some files photos



Hal Huggins with Marjorie Monteleon, a dental amalgam mercury activist, May 2000



Huggins at the March 2014 IAOMT meeting with DAMS leader Laurie Ramos

Mercury Free Baby, a new Grassroots Health Campaign

“Choose mercury-free dental fillings, vaccines and flu shots for yourself and your children” is the message of a new grassroots campaign called Mercury Free Baby. The basic fact is that mercury can pass through the placental barrier and can go from the mother into the baby. If we are serious about protecting unborn babies from mercury exposure, we have to prevent mercury from going into the bodies of all women of child-bearing age. For that matter, mercury should be prevented from going into the father’s body, as mercury can harm sperm too. The campaign is a project of the Coalition for Mercury-free Drugs (CoMeD) and the International Academy of Oral Medicine and Toxicology (IAOMT) and is supported by DAMS. Babies, and then children, are arguably the most vulnerable part of the population and, in order to protect them, we must protect all parents and potential parents from the mercury that is contained in dental amalgams, flu shots and other vaccines and medications. For more information, do a search on Mercury Free Baby to find it on the web, Facebook and Twitter. ■

My Story: Blindsided by DENTAL MERCURY

By Freya Koss

On March 9, 1998, I sought the advice of a new dentist to repair an upper molar that had been bothering me for some time. After reviewing the x-rays he noted that the tooth had a deep cavity under an old amalgam filling. Although he said he “could almost see the nerve,” he drilled the old filling out and replaced it with a shiny new amalgam filling. Little did I know at the time that both the old and the new silver fillings were half mercury, a dangerous neurotoxin.

A week later I suddenly felt dizzy while attending a ballet performance, and upon leaving I was struck with double vision and light sensitivity. I became frightened as multiple images of the oncoming cars were blinding me. I wondered how I would drive home, and could not comprehend what had happened to my near perfect vision. I realized that closing one eye created a single image, and I was able to cautiously maneuver home.

Nine days later after an eye exam, my optometrist wouldn’t allow me to leave her office unless an urgent appointment was scheduled with a neurologist for the following day; she obviously suspected that something serious had happened to my eyes. I later found out that she suspected that I had multiple sclerosis or a brain tumor.

Weeks of doctors, blood tests, brain scans and electrical stimulation needles culminated in diagnoses of three life threatening autoimmune diseases: lupus, multiple sclerosis, and then myasthenia gravis when my eyelids began to droop. Top area neurologists warned me, “You’d better get used to being sick for the rest of your life.” I asked, “What causes these diseases?” The overriding response from the medical professionals was “We don’t know.”

Determined to regain my health, wearing an eye patch, I scoured the Internet for answers. On the fifth day at 3:30 in the morning, I found myself mesmerized by the story of an English woman who had had multiple sclerosis for ten years, had learned of the link between mercury in amalgam fillings and MS, had two fillings removed and seven days later experienced the same symptoms I had. A

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shock ran through me as I recalled that exactly seven days before the onset of my symptoms, I had had a large silver amalgam filling drilled out and replaced with a new one. That was my first clue that I had been mercury poisoned.

Back on the Internet, I was astonished to find a plethora of websites of doctors, dentists, scientists and consumers claiming that MS, Lupus and several other autoimmune diseases and others illnesses including Parkinson's, ALS, Alzheimer's and mental illnesses such as depression and anxiety were all linked to mercury poisoning from amalgam fillings. It became apparent to me that mainstream medicine and dentistry would not, and could not help me.

Among those I initially contacted was a volunteer consumer organization, DAMS, which, at that time stood for Dental Amalgam Mercury Syndrome, and its longtime Vice President, Carol Ward. Fortuitously Carol lived not far from me, and after allaying my fears in a late night phone conversation, she hand delivered a DAMS information packet to my door the very next morning. Included was a list of mercury-free dentists and alternative doctors who used safe, holistic modalities to treat patients who have been mercury poisoned.

After continuing my research, I chose Blanche Grube, DMD, a biological dentist practicing in Scranton, PA, who strictly followed the International Academy of Oral Medicine and Toxicology's (IAOMT) safe protocol for amalgam removal. She carefully removed the filling that apparently had acutely poisoned me, replacing it

with a non-mercury white composite. Alarmed by the unusual texture of the amalgam filling she had just removed, she shouted: "I've never seen an amalgam filling so gritty and dry," wondering how this filling was mixed and what it contained. During the next six months Dr. Grube scrupulously removed the remaining amalgam mercury fillings from eleven teeth.

From everything I had read, I realized that in addition to safe removal of the mercury fillings, it was imperative to be treated by a doctor who was knowledgeable about the safe protocol for removal of mercury from the body and brain, which can accumulate from both chronic and acute mercury exposure. I chose Dr. Harold Buttram, MD, an environmental physician, who had established an

alternative healing research center in Quakertown, PA. As a maverick in the field, he conclusively diagnosed me with dental mercury poisoning, and prescribed vitamin C IV drips and a program of detoxification supplements and a restricted diet. I slowly recovered from the overt neurological symptoms, but even today I still experience mild but constant double vision and ocular muscle weakness. I continue to follow-up with Dr. Buttram's successor, Dr. William Kracht, and with Dr. Andrew Lipton, DO, Narberth, PA. Without the help of these doctors and the support groups, I would have capitulated to mainstream medical diagnoses and might have ended up seeing life from a wheelchair.

I quickly became an anti-amalgam activist, understanding all too well that the general public had been duped by conventional dentistry and medicine and by governmental agencies

such as the FDA and the CDC. In 1998, I arranged for a symposium at the Hospital of the University of Pennsylvania, followed by lectures and demonstrations throughout the Philadelphia area. TV, radio and print media picked up the story, much to the dismay of local dental organizations. In 2009, after a five year battle, the Philadelphia City Council took an unprecedented step by approving an ordinance requiring dentists to

give all patients an information sheet advising that their "silver" fillings were really half mercury, posing a potential health hazard. The information sheet also warned that "...dental amalgams contain mercury, which may have neurotoxic effects on the nervous systems of developing children and fetuses."

My commitment to bringing public awareness about what I perceive to be a crime to humanity, and to finally see the end of mercury fillings, has not ended with the settlement of my dental mal-practice suit. The details of my settlement must remain confidential according to that agreement, but I can say that I feel that I have finally been vindicated after 14 years of legal struggle, a struggle during which the dentist consistently denied that his dental procedures had caused me serious physical injuries due to mercury poisoning. Hopefully, the outcome in this case sends a message to the dental community that the use of mercury dental amalgam fillings, deceptively known as "silver" fillings, is extremely hazardous and should be stopped. ■



Mercury poisoned Freya, with eye problems and more



Freya after getting all amalgams out and detoxifying

FDA Must Now Answer Critics of its Amalgam Mercury Whitewash

For years, critics have held that the Food and Drug Administration's (FDA's) classification of dental amalgam mercury as Class II (only moderate risk) was a scientific scandal. As far back as 2009, the year when the FDA classified the dental amalgam material, four formal complaint petitions were filed with the FDA regarding its rule and, in 2013, another formal complaint petition was also filed in order to put further scientific evidence on record showing that dental amalgam fillings are an extreme health hazard. But, until now, FDA has neglected to respond to these complaint petitions, despite its legal obligation to do so "within a reasonable amount of time," and no later than 180 days after the complaint has been formally filed. Now, under pressure of a lawsuit, and resulting from a stipulation agreed to in an out of court settlement of that lawsuit, FDA is committed to answering all five of the complaint petitions by January 27, 2015. The non-profit organizations, DAMS being one of them, and mercury-injured patients who brought that lawsuit have no assurance that the FDA will provide satisfactory answers. But at least there will finally be some kind of answer from the FDA, ending its more than four years of stonewalling.

In addition to FDA's classification of amalgams as Class II - meaning just a moderate risk, FDA did not even bother to impose any special "controls" that would restrict the use of amalgams, for example, in pregnant women or small children. There was not even a requirement that patients be told that the amalgam filling contains mercury at all. FDA told amalgam manufacturers that they could

put pro-amalgam propaganda into the "warning" labels, saying, falsely, that amalgams had been found to be safe for children.

The lawsuit filed in early March of 2014 was filed by a collection of non-profits and individuals that looked like a who's who of the movement for non-toxic dentistry. Plaintiffs included the International Academy of Oral Medicine and Toxicology (IAOMT), DAMS and many other organizations plus many individuals. The individuals included mercury poisoned dentists and dental assistants, an ALS survivor named Eric Edney who wrote the book *Eric is Winning*, and a prisoner locked up in an Ohio prison. The plight of the prisoner, Roger Waller, is gripping because, despite weakness, rashes and other signs of severe mercury poisoning from his amalgams, he is not being allowed to get his amalgam fillings removed, despite his mother's offer pay the cost. Waller's petition to be allowed safe amalgam removal was rejected by the prison's doctor and dentist because, they said, the FDA had ruled that dental amalgam fillings are quite safe.

As FDA finally steps up to answer some very pointed complaints about its amalgam mercury rule, Roger Waller and many others will be waiting for its answers. ■



An activist braves the December cold in 2010 to tell the FDA it needs to ban dental amalgam mercury.



Conflict of interest

In spring of 2009 President Obama chose Margaret Hamburg, MD, above, as the new head of the FDA. For years, she had served on the board of directors of Henry Schein, Inc, America's largest dental amalgam mercury distributor. Despite that, she was involved in shaping the FDA's amalgam mercury rule.



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Mercury Detoxification Simplified

By William Rasmussen, M.A

.Published by Metabolic Balance Press

Reviewed by Leo Cashman

For many, deciding on a detoxification strategy is a challenge. Successful detox is what should bring the fullness of benefits from dental amalgam mercury removal and other toxic dental cleanup. But with the broad array of products and approaches that are available today, helpful guidance is needed to sort out the sometime conflicting ideas and approaches. Do we stick to the old standby chelation drugs, or non-drugs such as alpha lipoic acid, as practiced in the past and still relied upon by some? What about newer methods developed by mercury researchers such as the Boyd Haley, PhD, and Christopher Shade, PhD? What about the criticisms they and others have raised about the old “chelation” methods?

William Rasmussen’s new book on mercury detoxification seeks to fill the void, giving us a briefing on many of the products and testing that are available today. It covers many current detox issues and the following are a sample:

1) The complexities that can affect a person’s ability to detoxify, including **genetic variants** can affect a person’s ability to methylate. Those experiencing detox difficulties and unusual reactions to commonly used methods may want to do genetic testing of their genes that affect the ability to methylate.

2) The **presence of high levels of microwaves** or other EMFs interfere with the ability to detoxify mercury and other toxic metals, according to some published science.

3) Another toxic metal, **aluminum**, all too often sprayed from the sky by government covert operations, magnifies the toxicity of mercury and make a patient’s detox more difficult. The author discusses what to do to detoxify aluminum.

4) **Mercury testing.** Safe and valid mercury testing has advanced with the introduction of the new test, the Tri-test by Quicksilver Scientific. The Tri-test gives us a very safe test that not only gives us a reading on body burden of inorganic mercury (the kind coming more from dental amalgams) as well as a reading on organic mercury (which comes from fish or vaccinations), but it also gives us the status of mercury retention for each of these kinds of mercury. Thus the Tri-test gives us a thumbnail report on

how long the road to the end of detoxification will be.

5) In contrast, the old traditional **chelation challenge tests** using DMSA or DMPS, are not as safe and are not as meaningful, as they are not good chelators of both forms of mercury. Rasmussen does not shy away from the issue, and he discusses arguments challenging some of the conventional wisdom that says we must rely on them.

6) He seriously questions the wisdom of using these old chelation drugs for detox itself, especially given the gentler, safer methods, mostly non-drug, that are available today.

7) He discusses the supplement formerly marketed as **OSR (Oxidative Stress Relief)** and its widely praised clinical benefits and its safety.*

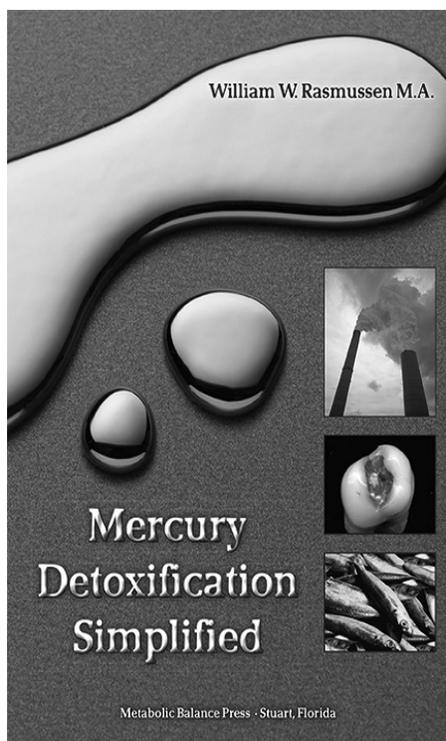
8) He offers an updated discussion of detoxification, defining carefully what he means by the terms “binder,” “mobilizer,” and “chelator” as he discusses various options for each of these.

9) He sketches out what a mercury detox protocol would be using the products now available from Quicksilver Scientific, having been developed by its scientist, Christopher Shade.

Rasmussen has produced a readable book that has much thoughtful discussion of what is available today. It should be useful for the educated layperson as well as a guide for the health care professional. No one can claim that this book is the last word on mercury detoxification, but his book is a broadly researched update on the advances of the last decade, so it is most welcome.

Mercury Detoxification Simplified, is available from DAMS.

Note: The product formerly known as OSR, Oxidation Stress Relief, and now called more correctly by its chemical name, NMBI, is still unavailable. It is continuing to go through drug approval process for both the United States (FDA) and the European Union. New estimates by the company officials are that, despite normal progress, it will not be available until the year 2017 at the earliest. ■



Wheat Belly, Lose the Wheat, Lose the Weight, Find Your Way Back to Health

By William Davis, MD

Published by Rodale Books

Reviewed by Leo Cashman

It was 1999 and Dr. William Davis, MD, was on vacation, sleeping on the sandy beach, when his wife took a picture of him. When he saw the picture, evidence of his own health condition struck him: an extra 30 pounds around his middle and a flabby chin. This flabbiness had occurred despite an apparently healthy lifestyle, jogging three to five miles a day and eating a sensible diet, emphasizing, for example, only healthy whole grains. Davis, a cardiologist, wondered, "What is going on here?" Follow-up blood lab tests showed he had very elevated triglycerides and that he was diabetic. After some study and reflection, he replaced wheat-based foods in his diet with other, low glycemic foods. With that, he not only lost weight, but he also overcame the diabetes.

Dr. Davis then began to suggest a similar dietary restriction to his patients who were overweight, obese



or had diabetes. What happened next astounded him: he witnessed not only the loss of excess weight and the overcoming of diabetes, but also the curing of rashes, and the improvement of conditions such as rheumatoid arthritis, asthma, acid reflux and irritable bowel syndrome. Dr. Davis entered into a dozen years of research and clinical experience on the effects of wheat on health, which culminated in his 2011 book, *Wheat Belly*.

As Davis explains, during the "green revolution" of the 1960s-1980s, food scientists developed a new wheat hybrid that is dramatically higher yielding than the wheat varieties grown in medieval and ancient times. The famed Norman Borlaug led the team of researchers who developed a dwarf hybrid of wheat that had a much larger seed head and shorter, sturdier stalks able to hold up the extra weight of



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Why Some Patients Consider Asking Their Doctor for the Quicksilver Scientific Mercury Tri-Test

The QS Tri-test arguably *provides more information* than other mercury testing because it measures the *inorganic mercury* in the blood (caused mostly by dental amalgams), separately from *organic mercury* (caused mostly from fish or vaccines), thus giving **two** measures of mercury body burden for each of these forms of mercury. Toxic metals may impair kidney function, but the QS Tri-test does not rely on urine (and the kidneys) to give the main indication of mercury body burden. The measure of mercury in the urine gives an idea of how well the kidneys are able to excrete the inorganic mercury. The measure of mercury in the hair is used to give an idea of how well the patient is able to excrete organic mercury from the brain (as it goes into the hair). So, it tells how much "mercury retention" is taking place for each different form of mercury - inorganic mercury and organic mercury. **Higher degree of safety**

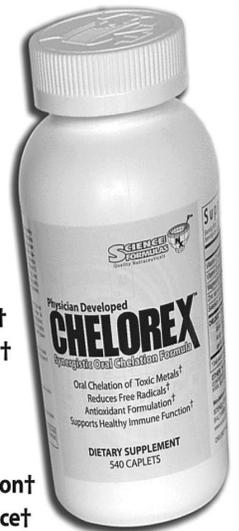
Since no chelation drugs are used with the QS Tri-test there is no need to worry about an adverse reaction to a drug as their might be with a test that uses a chelation challenge drug. Have your doctor contact us for more information or to order a kit for you!



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the larger seed head. This allowed the crop yield to increase by eight-fold. Today now the dwarf and semi-dwarf hybrids comprise 99 percent of all wheat grown worldwide.

But nobody asked whether this new wheat, to be consumed by billions of people, was safe and healthful. So, there was no safety testing, despite the appearance of new, considerably different enzymes and proteins that appeared in the new hybrids. After all, wheat is wheat; isn't it all safe? Apparently not. Supported by his hundreds of scientific references as well as his years of clinical experience, Dr. Davis reveals the dark side of the new wheat.

The list of health aggravations is extensive. The new wheat tends to be addicting, he explains, creating a very real food addiction in some, an addiction that fuels the weight gain and obesity that is so prevalent. Blood sugar surges whether the wheat consumed is whole grain or not. The aging process is accelerated through the formation of sticky formations within the body known as advanced glycation products (AGEs). The body's pH becomes too acidic and inflammatory effects appear that damage bone and cartilage; auto-immune disorders crop up. The explosion in Celiac disease and juvenile asthma in our society is, at least in part, an impact of the new wheat. Wheat is a contributing factor to neurological

disorders ranging from depression to Schizophrenia and it is wise to take autistic children off of wheat and gluten containing foods. Dr. Davis finds that Crohn's disease, colitis, endocrine disruptions (including "man boobs" and erectile dysfunction) and auto-immune disorders are traceable, at least in part, to the new wheat. The news media does not generally reveal this vitally important information but, then, big food corporations are very influential and they advertise heavily.

This book and a few others like it have helped fuel an

international movement away from the consumption of grains and, especially, the new wheat. It is well researched, authoritative and yet written in a popular style accessible to the layperson. It also provides the technical details and scientific references that would be required by health professionals. For those who would prefer an audio presentation, interviews and lectures by Dr. Davis on wheat can be found on the internet by typing the name, William Davis, MD, into a search engine along with the word "wheat." ■



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Holistic Orthodontics Takes a Different Approach

Dentists routinely suggest orthodontic work for children and a question sometimes comes up. Is there a significant difference between the techniques a conventional orthodontist would use and what a “holistic” dentist would do? Of course, the holistic dentist would avoid high nickel content in any metallic materials used; nickel is a toxic and allergenic metal. The holistic dentist would avoid the use of fluoride to fight off tooth decay in the patient getting arch wires or appliances. Fluoride is much too poisonous for that. But even beyond that, the answer is that, yes, there would be differences in the actual techniques used to address crowded and crooked teeth, and the differences would likely have profound long-term implications.

Take the common situation of crowded front teeth in a four to nine year old child. Just extracting the canine teeth would be a common conventional approach used to make room for the other teeth. However, the holistic dentist prefers to keep all teeth and use K-wires to develop a wider dental arch over time. Originally developed by Robert Katsev, DDS, to correct crowding in the front teeth, the use of the K-wire has led to many other interesting benefits noticed by him and others over time. Typically, health benefits such improved nasal breathing, reduction of ADHD behaviors and improvement in physical activities and dexterity have been observed. The K-wire is a single wire that is bonded to the front surfaces of the canine teeth and, when properly adjusted from time to time, it exerts gentle forces on the child's bones and teeth to widen the upper and lower jaw. This widening alleviates the immediate crowding but also makes more room for the adult teeth when they come in, allowing them to come in straighter. Another technique is the use of composite filling material which is often added to the tops of the baby tooth molars. These composite “build-ups” on the molars open up the patient's bite vertically and this allows more space for the tongue and the development of proper tongue position.

Conventional dental “quick-fix” approaches, such as the extraction of canines in younger children and extraction of the first bicuspids in older children, cause the dental arch and the face to become narrower, with the result of crowding the tongue's space and pushing the tongue into the back part of the throat. The displacement of the tongue results in more snoring and perhaps even sleep apnea. Sleep apnea, the blockage of breathing for short periods of time during sleep, results in disturbed sleep,

temporary oxygen deprivation and, all too often, significant health problems. Apnea is a common and widespread problem in our society, so prevention is always wise. A far-sighted, holistic approach to orthodontic issues is going to involve an individually tailored long term approach, one that likely results in a wider arch and face, increased vertical dimension, adequate tongue space, proper tongue position, ample air flow from breathing, and better overall health. §

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The Dental Damage Done by Fluoride

By Dr. Dean Murphy, DDS

I have had an orthodontic dental practice for the past 26 years and became involved in researching fluoride about 17 years ago. I would stare at dry enamel on people all day long for a living and became curious as to why some people had such beautiful enamel, and others had colored bands, white spots, brown spots, even defects and pitting on the enamel surface. I was taught that the lesions were due to fluoride, but I pushed the issue, becoming interested in how it causes these problems. The deeper I dug, the more my eyes were opened to the fact of the dangers related to fluoride and how we are severely overexposed to this element.

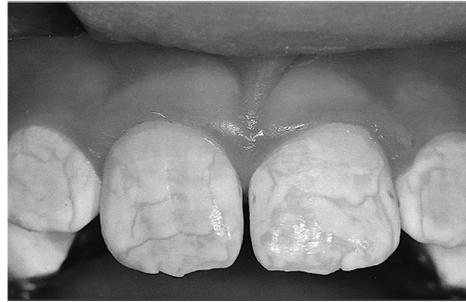
Weak enamel Even though we are intentionally consuming this element to have an effect on teeth, I want to comment on the side effects fluoride has on teeth that most dentists and certainly the public are unaware of. According to the latest ADA facts about fluoride, fluoridation reduces cavities by approximately 25%. Some of the latest studies have proven that it is the topical (brushing, having it in the mouth) effect, not the systemic effect, that reduces decay. While it is true that fluoride causes the formation of fluoroapatite in the enamel, thus reducing the acid solubility, fluoroapatite is more brittle, physically weaker and more subject to wear. This is due to fluoride forming an *ionic* bond, rather than a *covalent* bond. Fluorosed enamel has been shown to be over 60% weaker than non-fluorosed teeth. I have noticed that the degree of cusp wear correlates with the amount of fluorosis. Fluoride levels on teeth are highest at cusp tips and at the cervical margins. Bruxism (grinding of the teeth) seems to be an epidemic today but we do not think about the destruction of the occlusion even from *normal* function due to weaker

teeth. Dentists know this firsthand when they cut a prep (preparation) on a fluorosed tooth; the enamel disintegrates like chalk!

Brittle dentin

The second characteristic of overexposure to fluoride in teeth also relates to the more brittle nature of the ionic bond. This brittleness increases the more the tooth is exposed to fluoride. Dentin is the solid but softer inside part of the tooth between the enamel on the surface and the pulp at the very interior. Dentin acts as a shock absorber for the tooth. The periodontium, namely the gums, ligaments and cementum around the tooth, also acts as a shock absorber. Dentin will have five times the fluoride level that enamel does and the higher amounts will be closer to the pulp. This is due to the blood supply nourishing the dentin from the pulp side (the inside of the tooth), and we are systemically adding fluoride as we age. The more brittle dentin is near to the pulp, the soft inside part of a tooth, as is most obvious with abfractions. They are a cervical loss of enamel at the CEJ border, the place where the cementum of the roots is supposed to meet the enamel covering the crown (visible) part of the tooth. They tend to be cup-shaped with very smooth walls. Some can be attributed to aggressive tooth brushing on weaker enamel, but most are due to a brittle substructure at a high stress area subject to horizontal forces.

Damage to the pulp, maybe



Debilitating fluorosis with extremely soft enamel and pitting. History of extensive use of amoxicillin in childhood.

killing it

The third characteristic of overexposure of fluoride on teeth is harm to pulp tissue. Fluoride is extremely toxic to the pulp tissue. Having deep fillings lined with composites that can have over a quarter

of a million ppm of fluoride, is a death sentence for the pulp. If the liner is leaking, the pulp is exposed to the toxic levels of fluoride and dies. In developing teeth, fluoride has been shown to cause necrosis and pulp stones in the pulp chamber. These calcified masses grow and can permeate from the pulp chamber to the periodontium (the tissue around the outside of the tooth) by way of accessory canals. These are commonly seen in furcation areas, and quite common in deciduous molars. Clinically, we see these teeth as ankylosing (their insides filling up with calcium) in growing children. Scanning electron microscopic exams have proven this progression and I have included these photos in my book. As we age, the canals can become increasingly calcified to the point of closure due to the devitalization of the pulp tissue and calcification.

Loss of bone and Loss of teeth

The last characteristic I want to discuss is an indirect consequence of consuming fluoride. As we ingest fluoride, it readily passes the walls of the GI tract and enters the bloodstream. Due to its extreme electro negativity, the fluoride binds to positive charged ions in

continued on page 12

Dental Damage Caused by Fluoride

Continued from page 11

the blood – especially calcium and magnesium. These element levels are tightly monitored and a slight decrease will cause a hormonal release of parathyroid hormone (PTH). The PTH causes resorption of bone, primarily in the hip and alveolar bone - the bone of the tooth sockets, which are the most metabolically active ion sites in the body. Chronic ingestion of fluoride will cause osteoporosis in the hip and alveolar bone loss around the teeth. Periodontists are often perplexed as to the generalized bone loss around teeth with no apparent inflammation or infection. Ingesting fluoride is causing the premature loss of teeth! Studies have shown a direct correlation between varying amounts of fluoride in drinking water and the levels of PTH circulating in the blood stream. Elevated PTH also has effects of elevating one's blood pressure, causing ventricular hypertrophy and bony exostosis (new bony growths growing onto the surface of existing bones). Dentists see these bony bumps on the palate and mandible every day. The fluoride level in those bumps is 20 times the amount in surrounding bone. It is another sign of pathology caused by excessive fluoride.

Fluoride does accumulate in the body like arsenic and lead do. It is both a mitogen (producing cell division) and mutagen (producing mutations). The development of systemic problems is a matter of chronic fluoride intake accumulating over time. Our teeth and mouth can be beacons warning us of impending health issues and we should look deeper into what they are trying to tell us.

*Dr. Dean Murphy has a dental practice specializing in orthodontics in northern Illinois. He has published his research on fluoride in a book called **The Devil's Poison**. ■*

Fluoride Toothpaste, Acid Reflux, and Esophageal Cancer

By Adrian Chang

Our stomach acid, hydrochloric acid, combines with swallowed sodium fluoride to produce hydrogen fluoride (HF) which is a highly toxic, corrosive acid. As with all manufactured materials, hydrogen fluoride, carries a Materials Safety Data Sheet (MSDS) warning sheet visible to all those who handle it. The MSDS sheet warns that “Ingestion may cause corrosion of the gastric mucosa,” meaning that it will corrode the lining of the stomach. Further, it warns that “HF is a strong inorganic acid. When mixed with water, it becomes aqueous HF, often called hydrofluoric acid, a weaker acid. Hydrofluoric acid is corrosive to most metals, asbestos, concrete, glass, silicon-bearing materials and reacts with sulfides to form hydrogen sulfide, a toxic gas.” Hydrofluoric acid is commonly used in industry to etch glass and electronic components. Unfortunately, you do not see such fluoride facts on your tube of fluoride toothpaste; you only see a warning to contact the Poison Control Center if more than a pea-sized amount of the toothpaste is swallowed. That warning label does not explain that the warning is due to the presence of sodium fluoride in the toothpaste and the fact that the extremely corrosive acid, HF, is quickly formed in the stomach when such a fluoride toothpaste is swallowed.

Now, imagine brushing day after day with a NaF toothpaste and the cumulative effect of HF forming in the stomach. Evening brushings are probably worse since residual toothpaste can easily migrate down your stomach with saliva while sleeping if no food was eaten two hours before bed. Obviously eating before bed results quickly in more

stomach acid to aid digestion and react with NaF. Chronic exposure may result in damage to your stomach lining and could result in disorders such as gastroenteritis or gastritis as cautioned by a MSDS warning sheet for sodium fluoride. When this happens, you might consult a gastroenterologist (doctor for the stomach, intestines, gall bladder and bile duct) who might scope your GI tract and see the damage; but, unfortunately, he likely will not think of the cause.

For those suffering from acid reflux, also known as gastro esophageal reflux disorder, or GERD, or other esophageal disorders, I sympathize with you, because I was once diagnosed with GERD. Many people have this problem; it is almost like an epidemic, and you have seen the commercials for Nexum (the purple pill), Prilosec, Zantac, and others. In my case, the GERD was not easily diagnosed. I was being referred at every annual checkup to an ear, nose, and throat doctor for another problem. After a few years, I complained about having difficulty sleeping and frequent nasal drips. He pulled out a questionnaire for me to fill out. After I had answered all the questions, he counted up the scores and said, without a doubt, that I had acid reflux. He prescribed the drug Prilosec to take as often as necessary. It was that simple.

But switching to a non-fluoride toothpaste helped to alleviate my problem. Now a skeptic might say this is anecdotal or psychosomatic. But no, this is what I think happened. Your stomach is separated from your esophagus by a valve, the lower esophageal sphincter valve. This valve prevents the backflow of our strong stomach

acid, HCl, into the esophagus. If the valve is damaged or constantly attacked by the etching effect of hydrofluoric acid the sphincter valve will be damaged and leakage and acid reflux will occur. The backflow into the esophageal tube could even go all the way up to your teeth, where a properly trained dentist should be able to observe unusual erosion of the enamel and refer you to an ENT or GI doctor.

Do we need journal, peer-reviewed published studies on this subject, including double blind studies? I think not! There are, in fact, plenty of studies that discuss the harsh stomach effects of fluoride. But in my opinion one does not need double blind, published peer review studies to validate what basic chemistry clearly tells us is a danger, namely that hydrogen fluoride/hydrofluoric acid forms in the stomach when fluoridated toothpaste is swallowed following a meal, because the stomach then has the usual high hydrochloric acid levels needed for digesting a meal. ■

Water Fluoridation Challenged in Many Countries

Water fluoridation is a practice that seems to be diminishing in many parts of the world – Israel has now banned it, momentum is gaining against it in Ireland, and Canada has seen some dramatic rollbacks. The latest example in Canada is Prince George, British Columbia, where, sixty years after it was started, the practice of fluoridating the water will end. A pivotal step for Prince George was a citizens’ poll taken on November 15, 2014, in which citizens strongly voted to end fluoridation. This was followed by a unanimous vote by the city council and a new mayor to end water fluoridation. Interestingly, the province of British Columbia (BC) is now 98.8% fluoride free, and by no coincidence, BC has the best dental/tooth status of any province in Canada.

The Republic of Ireland is the only country in the world that has a fluoridation mandate. But activists have been working to break the shackles of that and now the city councils of Dublin and Cork, the two largest cities in Ireland, have passed resolutions calling for a halt to water fluoridation. Further, the councils of three counties, Cork, Laois and Kerry, have also passed resolutions calling for a halt. The history of fluoridation in Ireland is revealing, as told in the book *Fluoride, Drinking Ourselves to Death?* authored by English researcher Barry Groves. On page 189 he reveals that the drive to fluoridate Canada, Australia, New Zealand, England and Ireland was funded by United States Public Health Service (USPHS) money and spearheaded by its “experts.” During the period 1958 through 1963, the USPHS quietly provided about \$3.9 million for the campaign to fluoridate England and about \$180 thousand to promote fluoridation in Ireland. The campaign in Ireland worked the best and the mandate to fluoridate Ireland was approved in 1964. Today, 75% of Ireland is fluoridated – with hydrofluosilicic acid (toxic industrial wastes) from the Netherlands. But ironically, in the Netherlands, due to honest scientific research there, the practice of water fluoridation has been banned since the 1970s! The little-known history of how the ideas and the money to promote water fluoridation all seemed to flow from the United States suggests that water fluoridation was a scientific/industrial/governmental scam concocted by special interests in the US and then exported from the US so as to provide an aura of international acceptance of this strange practice. ■

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What Most Doctors Don't Know - But the Floxies Will Tell You - About Cipro

By Leo Cashman

According to medical web sources, Cipro and the several other fluoroquinolone drugs (e.g., Levaquin, Avelox, Tequin, Floxacin, Noroxin, others) have “common” side effects such as “feeling sick” and “diarrhea” that affect fewer than 10% of the patients. However, there are a couple of “rare but more serious side-effects” described as “an allergic-type reaction, such as swelling around your face or mouth, skin rash or difficulty breathing” and “pain or swelling in your joints.” But victims of Cipro poisoning contend that such warnings of side-effects are worded so as to grossly downplay the horrible side effects that can afflict the unwary user of this fluorinated drug. Cipro is short for Ciprofloxacin, which, along with Levofloxacin (Levaquin), is the most widely sold drug in the family of fluorinated antibiotic drugs known as fluoroquinolones. In their web discussion groups, the victims of poisoning by these drugs describe their ordeal as becoming “floxed” and they refer to themselves, the victims, as “floxies.”

Deborah Moore, PhD, has seen quite a few instances of poisoning by Cipro and the other fluoroquinolone (FQ) drugs. She is the executive director of Second Look, a non-profit organization that educates the public and health professionals primarily on fluoride poisoning. In her view, the damaging side effects from drugs such as Cipro constitute the most severe form of fluoride poisoning, next to cases of serious industrial fluoride poisoning. While the impact of the drug on those floxed is far reaching, she notes that many doctors who have prescribed the Cipro in the first place deny that their prescribed drug caused all of the horrible side effects, because those side



effects far exceed what the warning labels suggest is possible. The Cipro victims, disabled, depressed, often with muscles wasting away, are sometimes accused of starving themselves or otherwise sabotaging their own health. Since they are, in fact, depressed and mentally unstable as a direct result of the drug's devastating effects, sometimes they are then involuntarily committed to psychiatric wards, or pressured to enter them. This is unfortunate because such a facility will likely ignore many of the patient's complaints and their physical causes, and more toxic drugs will typically be forced upon them once they have been committed to a psychiatric ward.

Floxed victims may actually be young, in generally good health and in the prime of their lives, before wandering into the FQ quagmire of effects. Such was the case with an unnamed health-conscious floxie writing articulately on the website www.SurvivingCipro.com. She was just 39 years old, eating organic food, exercising regularly, happily married, and the mother of two young children. She recounts that she became uneasy after taking Cipro twice a day for 6.5 days and then taking one Advil for pain. After that, “four hours later, my life was hanging on a thread.” Her list of symptoms and disabilities is too long to give here in its entirety, but here is an excerpt from what she wrote: “Over the next week I would lose my ability to walk, my ability to drive, my

ability to see, think, communicate clearly, ... my ability to care for my family and myself... Some of the symptoms I have experienced to date: peripheral neuropathy, numbness, dizziness, convulsions, ... acute tendonopathy (in both ankles, both Achilles, both knees, right bicep, both shoulders, both wrists, neck, right hip, both thumbs and 8 fingers, torn rotator

cuff, tremors, anxiety, fear, fright, nightmares, headaches, ringing in my ears, ear pain, confusion, depression, paranoia, hives, rash, irregular heartbeat, irregular breathing, chills, fever, ...”

Another floxie, also unnamed, has created an information-packed website www.CiproIsPoison.com. He discusses the assortment of monstrous adverse reactions that are possible with Cipro and warns “The odds of experiencing an adverse reaction to Cipro is MUCH higher than the warning label would have you believe. These adverse reactions are also much more severe and long lasting than Bayer [the manufacturer of Cipro] will admit to. ...People have wound up on crutches or in wheelchairs for the rest of their lives from as little as a few pills.” Horrific dental effects can occur too, he writes. “Cipro can calcify all the nerves in your teeth as well as permanently dry out your mouth, promoting tooth decay and/or tooth loss. There are people in their thirties who now wear dentures as a direct result of Cipro destroying all of their teeth from the inside out. Others have had teeth literally break off at the gum line after becoming floxed.”

Dr. Deborah Moore, who has helped guide many fluoride poisoned individuals to help themselves, points out that many of those fluoroquinolone poisoned are affected emotionally and psychologically as a direct effect of the poisoning. Some have

ultimately committed suicide, as the psychological effects can be extremely painful and long-lasting. It is very difficult to test for fluoroquinolone damage, and many floxies are disbelieved not only by their doctors, but also by their families. This can be devastating for those who desperately need a great deal of support at that time. She also points out that it is crucial for floxed individuals to avoid all fluoride exposure as part of their recovery program, to avoid exposure to all other chemicals and drugs, and to eat a completely organic and whole foods diet. Non-organic and processed foods can be laden with pesticide residue (which can be fluorinated) and contain other chemical contaminants that are harmful to floxies, who are virtually all chemically sensitive.

The public should become aware of these issues, be watchful and research anything that is prescribed before taking it. For their own part, doctors should become acquainted with the horrific, long lasting symptoms that can occur following fluoroquinolone poisoning. Once doctors understand the extreme risk posed by these drugs, surely they will become very hesitant to prescribe them. ■



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For Jeff Green, a Long Ride Against Fluoride

Jeff Green, who wrote about the fluoride problem and who strategized about how to best end water fluoridation, died at his ranch home near San Diego on November 5, 2014. He was about a month shy of 68 years old. Jeff Green led the effort for public education on fluoride being present in the food chain, writing an exposé that appeared in the popular magazine, *Alternative Medicine*, in January 2002. In such exposés, he pointed out that, while drinking water has a legal limit of 4 parts per million (PPM), commercially grown cabbage and other vegetables and fruits might be twice as high or even ten times as high in the poison. Jeff Green had his own non-profit group, Citizens for Safe Drinking Water, headquartered in San Diego. It had a web site, Keepers-of-the-well.org, that reflects the many projects and activities of Jeff Green himself. Jeff, an expert horseman and riding instructor, often accompanied his San Diego friend, David Kennedy, DDS, to the IAOMT conferences where Kennedy always educated on the fluoride issue and Jeff, wearing leather jacket and cowboy hat, added his fluoride activism updates and analysis of strategy.

Back in the 1990s, Jeff Green collaborated with Ken Calvert, a Congressman from Riverside, California, to bring about Congressional investigation of fluoridation. That experience led him to review the

whole matter of strategy in overcoming fluoridation and to conclude that, rather than butting heads with the dental establishment over all aspects of

the fluoridation controversy, it would be smarter to focus on a few positive principles that are already embraced by most in our society: the need for openness, transparency and compliance with existing law. These widely accepted principles can be applied to water fluoridation in some simple ways, he pointed out. **Openness** requires water districts to publicly disclose, of course, what is the chemical composition of the product that is being purchased for fluoridation. In the US, 90% of the time the product being used is hazardous industrial wastes high in heavy metals and radioactive elements as well as extremely toxic acidic fluoride compounds. **Transparency** suggests that a water district should reveal to its water customers what it knows about the product used for fluoridation that goes into the product being sold. **Compliance with the law** means exercising due diligence required of all elected officials in making sure that the product being purchased for water fluoridation is actually safe and is effective for the purpose intended; making false and deceptive claims to water district customers about a fluoridation product is illegal - it is commercial fraud. Commercial fraud

and the issue of constitutional rights were cornerstones of Jeff Green last and greatest project, the lawsuit known as **Foli v MWD**. Although Jeff was not one of the handful of plaintiffs who sued the gigantic water district wholesaler - it supplies water for 20 million residents of southern California - he was the strategist behind it

and a PR spokesman for the plaintiffs. If successful, this lawsuit launched in southern California, looked like it might deliver a knock-out blow to water



fluoridation nationally. A handful of individual plaintiffs sued a huge water wholesaler, namely the Metropolitan Water District (MWD), a water wholesaler that provides water to water districts that ultimately serve 20 million consumers in southern California. In the original complaint, the plaintiffs charged that the water wholesaler was committing consumer fraud by claiming that the fluoridation product, that their largely captive customers had to drink and in which they had to bath or shower, was "safe and effective" in preventing tooth decay in children. But only the Food and Drug Administration (FDA) can approve the making of such a health claim, the suit pointed out, and the FDA has approved no product whatsoever as being safe or effective for water fluoridation.

In an amended filing in the case, the plaintiffs also argued that fluoridation of the water is a violation of their constitutional rights: the constant intrusion upon their persons of the poisonous fluoridation product is a violation of their personal freedoms and rights. Unfortunately, the judge failed to agree and did not uphold the lawsuit's arguments about fraud and the violation of the consumer's rights.

Now in mourning of Jeff's death, David Kennedy says of his old sidekick and friend, "He used his tremendous intellect to peel back layers of deception that have concealed the fluoride program from the beginning." Jeff Green, his spirit of courage and goodness, will be remembered and he will be missed. ■



Jeff Green at David Kennedy's wedding in Las Vegas.

Does Your Food Coop Sell a Poison?

Most of them still do! Sodium fluoride, the active ingredient in fluoride toothpastes, is more toxic than lead and not quite as toxic as arsenic. Sodium fluoride is the usual active ingredient in fluoridated toothpaste. In the 1930s it was mainly marketed as an insecticide and a rat poison. As a powerful poison, it unquestionably kill germs in the mouth. But fluoride is way too toxic to put in your mouth. People, especially children, swallow some of their toothpaste and it ends up in the stomach where it reacts with stomach acid and can cause serious problems (Adrian Chang's article, page 12, and Dr. Dean Murphy's article, page 11). It is almost amusing that the only toothpastes that ADA endorses are ones with a poison in them - fluoride.

Well, food coops should sell only toothpastes that *don't* have a poison in them. After all, coops are there not just to make a buck; they are there to serve the real needs of their members and the public. So, please, food coops, do your homework on this issue and quit selling a poison. We know that, with such a move, you may get flack from a few noisy ADA dentists in your town. So be it; show intelligence, leadership and integrity on this issue.

Then, go further and come out squarely against water fluoridation especially if that is going on in your vicinity. Coop managers, coop board members, you ought to be like tigers, standing up to protect your shoppers - and yourselves - from this travesty, this affront to both health and freedom. None of this conflicts with a coop's goals for economic success; in fact, it will enhance that coop success, long term, and a coop's shoppers will thank it for researching these issues, acting with integrity, and educating the community. §

Unvented Gas Stove, Laser Printers and Microwaves You Don't Even Know Are There

Chronic low level carbon monoxide poisoning due to unvented gas stoves may be one significant, but little recognized, cause of Parkinsonism. In 2002, Karger published a study of 242 patients with carbon monoxide poisoning and found that nearly 10% of the patients showed Parkinsonism symptoms such as impaired cognitive function, gait disturbance, urinary incontinence, masked face and intentional tremor. Another toxic gas from the unvented gas stove would be nitrogen dioxide, which can cause a whole assortment of symptoms such as lung damage, depression, apathy, circulatory problems, confusion, fatigue and memory loss. Such symptoms can improve, sometimes dramatically, when exposure to these toxic gases are stopped. A suitable venting system includes a fan that exhausts the air whenever the stove is turned on. In case a proper venting system cannot be set up, it is urged that the consumer switch to an electric stove or, failing that, get an electric hotplate for cooking with electricity and avoiding gas.

Improperly vented vent pipes from furnaces, chimneys, hot water heaters and clothes dryers are all part of the larger discussion topic of indoor air quality. Fabric softeners and dryer sheets are loaded with toxic chemicals and their use in the clothes or the dryer makes the gas vented from a dryer even more toxic! Use natural non-toxic alternatives to the fabric softeners, if you must, by adding baking soda, for example, to the laundry soap. Another possible cause of bad indoor air can be the laser printer. Not all models of laser printers cause this, but some models have been found to emit ultrafine particulate emissions that are inhaled deeply into the lungs. In 2007, Professor Lidia

Morawska of Queensland, Australia, showed that certain models of laser printers emitted these dangerous particulates. Moraswska found that different models even from the same manufacturer can produce very different levels of particles. What to do? She urged that an office with laser printers be well-ventilated and that heavily used laser printers be kept away from people. Most practically, though, those who are experiencing unexplained coughing and lung problems should quit using any suspected laser printer; the all-in-one and desk jet printers may be slower but they do not produce this kind of air quality problem.

Building biologists are professionals who evaluate indoor air quality, mold issues and EMFs in the home or workplace. On the home page of the web site www.hbelc.org there is a menu item that leads to a directory of building biologists; it can be sorted by state. Another helpful web site is that of the EMFhelpCenter.com on which Oram Miller, a building biologist, appears in short videos to explain how to use your own test meters to measure the microwaves, magnetic and electric fields. He explains what field readings indicate safety or hazard. The EMF Help Center site also sells simple, affordable test meters. Microwave devices such as cell phones, cell antennas and Wi-Fi cause brain damage, cancer, and many other harmful effects, so it is good to learn how to shield and otherwise protect ourselves, and then to do test measurements to see how well we have achieved our protection. ■

What's in That Green Smoothie? High Oxalate Foods ?



William Shaw, Ph.D.

People may think that the ultimate health food drink is a green smoothie, something that a juicer makes from green vegetable such as collards, kale and spinach as well as a banana or other raw delights. But in the January 2015 issue of the *Townsend Letter*, writer William Shaw, PhD, (photo, below) warns that it is wiser to “hold the spinach.” A green smoothie with lots of spinach in it can put a regular smoothie drinker on “the road to health hell” and that road, he explains, is paved with “toxic oxalate crystals.” It turns out that spinach is extremely high in a naturally occurring but problematic ingredient, oxalates, that can not only produce kidney stones, but also an accumulation of calcium oxalate compounds in the bones, skin, joints, eyes, thyroid gland, lungs and even the brain. “The oxalate crystals may cause damage to various tissues due to their sharp physical structure and they may increase inflammation,” he warns.

As if that is not bad enough, William Shaw, PhD, who is founder of Great Plains Laboratory that has a specialty in testing for oxalate levels in patients’ blood, the presence of oxalates is likely to make lead or mercury poisoning worse! Like a demonic chelator, it binds up and chelates the toxic mercury or lead but then deposits the resulting complex into the target tissues where it is even harder to eliminate! Other writers explain that if a person has a “leaky

gut” problem, that leakiness will tend to greatly increase the amount of oxalates that leak into the body and get into the blood. Once oxalates are in the blood, they can travel around the body, bind up with either calcium, causing the toxic calcium oxalate tissue buildup, or with mercury or other toxic metals, depositing them into the tissues where they will be very hard to eliminate. Mercury toxicity tends to cause fungal problems in the gut and leaky gut, so it is all the more important that the detoxifying, recovering mercury toxic patient avoid the foods highest in oxalates such as spinach, Swiss chard, beet greens, rhubarb, tofu and other soy products and certain other natural foods, regardless of how nutritious and wholesome they might otherwise be. Shaw also gives some strategies for helping to handle the foods moderately high in oxalates: give supplements of calcium citrate or, even better, magnesium citrate, so that the calcium or magnesium that is added to the food in the meals binds up the oxalates in the meal and takes them out in the stool. Vitamin B6 is also helpful because it helps produce an enzyme that degrades oxalates in the body. Shaw also suggests use of anti-fungal drugs to kill off yeast and fungi that, unfortunately, indirectly break down collagen and produce more oxalates. A patient could consider anti-fungal supplements as an even gentler choice for killing back the fungus.

We appreciate the efforts of William Shaw and other writers for alerting us to the issue of oxalates and how they can increase pain in various parts of the body and make mercury poisoning worse. These important connections cry out both for more research and for more awareness on the part of patients and their doctors and health coaches ■.

Author and ALS Role Model Eric Edney Has Passed Away

By Patricia Tamowski

For those of you who have not heard, Eric Edney, diagnosed back in 1993 with ALS, passed away on January 3rd from complications of a stroke suffered last April and suffered more recently, at the age of 85. The miracle, of course, is that, after over 20 years since his ALS diagnosis, Eric didn’t die of ALS.

Eric Edney’s book *Eric is Winning* is no less than groundbreaking in the world of ALS, also known as Lou Gehrig’s disease. Eric has inspired people from all over the world who have been diagnosed with ALS. We still meet PALS (people with ALS) today who are doing well or who have increased their lifespan significantly because they have read his book or gone to his website, ericiswinning.com, which will be back online soon.

Eric demonstrated intelligence, courage, faith, determination, persistence, a huge heart and a genuine want to help others by sharing the knowledge that he discovered about the true cause of ALS. He discovered that toxins, from the environment, from pesticides in food, from mercury amalgam fillings and root canal treated teeth, from prescription drugs, vaccines, and more, were a major contributing factor to cause ALS and other diseases. *

Eric beat ALS. He proved it can be done. He kept experimenting, reading, learning and adjusting his protocols. Eric was able to stop and partially reverse the disease permanently through a combination of detoxification, nutrition, supplements and positive mental attitude. Although he was certainly affected by ALS, Eric lived a normal lifespan and led a very full, productive life.



Eric Edney (1929-2015)
Author of the book *Eric is Winning*

Here is some footage of Eric and other ALS survivors:

<http://www.youtube.com/watch?v=SblpGuUhX6A>

HealingALS.org and HealthAdvocatesWorldwide.com are raising money to complete a book and documentary film by the end of 2015, both titled *Healing ALS*, describing how Eric Edney and others have stopped and reversed ALS. Several others featured in the book, inspired by the example and knowledge provided by Eric's book and website, stopped and reversed their own ALS. To contribute, please go to HealingALS.org.

We will miss you Eric and we honor a life well lived.

- Patricia

* Editor's note: Eric Edney was convinced that dental amalgam mercury fillings are a major factor in causing ALS, along with root canal treated teeth. Thanks to his books and his web site, many people have called DAMS over the years seeking information about having dental mercury fillings removed properly so as to boost their chances of overcoming what is conventionally said to be a "terminal disease." Patients with Parkinson's disease and Alzheimer's disease have also been inspired to fight back by addressing their toxic exposures.

Success Told in Healing Autism

Parasites, viruses, harmful bacteria, fungi and other infections are common in sick, toxic patients. Now, at least in the world of treating autism, the oxidant, chlorine dioxide (CD), has generated much excitement as a central part of a protocol that successfully kills parasites and other infections, thus opening the door to a successful detoxification and, in many cases, a complete recovery. Helping to publicize the success story and its protocol is Kerri Rivera, a mother of an autistic son who is now largely recovered. She is chief author of a book called *Healing the Symptoms Known as Autism*, now in its second edition. There are many testimonials contained in the book detailing success with the protocol, which is now reported responsible for having reversed the symptoms of autism in 156 children.

As the book discusses, the protocol is mainly carried out at home and inexpensively, with the parents needing to follow a detailed recipe for how to mix the batch of chlorine dioxide that is made up for each day, how to give it to the child every hour for eight consecutive hours. It also explains how to give a CD enema to help kill off the bad bugs in the bowel.

This book also discusses the diet to follow on the CD protocol. Some restrictions that might seem odd: citrus fruit and pineapples are not allowed, since they contain large amounts of vitamin C, an antioxidant. Such foods tend to offset the effect of the chlorine dioxide, which works as an *oxidant* to kill the pathological organisms. Further, the antioxidant supplements vitamins C, E, A and K and alpha

lipoic acid, selenium, coenzyme Q10 and colloidal silver are all forbidden under this protocol for the same reason. Improvements in the children are usually noticeable within a month and some improve much sooner than that. That hope for success and recovery drives a lot of caregivers to do the work required in carrying out the detailed instructions in making the chlorine dioxide, and starting low and slow with its use, in carrying out this protocol. The chlorine dioxide protocol, largely developed by Miriam Carrasco Maceda and by Dr. Andreas



From left, Dr. Andreas Kalcker, Kerri Rivera and Jim Humble, who has developed a chlorine dioxide product, MMS.

Kalcker, who wrote sections in Rivera's book, emphasizes the need to first kill the parasites and the fungi and other pathogenic microbes that form a barrier to the detoxification of toxic metals. It is much easier to detoxify after the bad bugs have been killed.

The success of the CD protocol is heart-warming as we read the stories of the children who have largely recovered from autism. It is also provocative as practitioners can now ask themselves what lessons from this success might transfer over to the treatment of other, very different disorders. ■

Who Controls our Skies, Water, and Weather - and How?

Whether you call them "chemtrails" and whether you call the massive spraying of these toxic chemicals in the sky "geoengineering" or just plain "aerosol spraying," this may be the most important health and environmental issue that virtually nobody has ever heard of. Clearly, it is a massively funded and widespread government-funded program, but the governments of the US and its allies steadfastly claim ignorance of its existence. This makes geoengineering a daunting issue to work on, especially since our media, as with so many other important issues, is dedicated to keeping the lid on the cover-up.

Clifford Carnicom is a leading scientist engaged in the study of geo-engineering. His research seeks to discover what "they" are actually doing to our planet, our skies, our weather, and how they are doing it. Founder and head of the Carnicom Institute, he has worked for 15 years to analyze the filamentous life forms that unmarked planes have been persistently spraying from the skies over these many years. A key finding that Carnicom has carefully verified is that the bioengineered life forms being sprayed from the sky in the aerosol spraying program exactly match with what is also to be found in the blood of all people in America who have been tested, including people in normal health. Some people, however, suffer dire consequences of these infections, showing the skin symptoms known as Morgellons condition. In this condition, the patients have painful and itchy filamentous life forms crawling out the skin. Official medical dogma states that this condition doesn't exist except as an illusory psychiatric condition, brought on by the patient himself. That seems to be cover-up talk, in the light of thousands of well studied cases of Morgellons. Activists have worked for a number of years to spread public

awareness of all of these problems. On the technical/ scientific side, Carnicom has worked to spread awareness by issuing a number of scientific, technical reports, some lengthy, on his web site www.CarnicomInstitute.org.

In addition to the spraying of life forms, that appear to be unnatural and genetically engineered, the spraying program drops millions of tons of aluminum oxide and other toxic metal oxides in the atmosphere, so as to allow its manipulation by electromagnetic radiation. See picture of the HAARP antenna array at right. But the absorption and inhalation of such toxic sprays is damaging to human lungs, human health and the overall ecosystem. Who will tell the people?

Elana Freeland has come to the fore, producing a book to understand the basics of the technologies involved in these massive programs, their many purposes, and what can be done about them. Her book is *Chemtrails, HAARP, and the Full Spectrum Dominance of Planet Earth*, delves into these many issues but it is written for the educated non-scientist. She draws heavily on her notes from extensive interviews she has had with Carnicom. She lists what Carnicom sees as a seven part agenda for the geoengineering program. Perhaps least surprising is the goal of being able to control weather, being able to use weather, essentially, as a military weapon. A further agenda is the surveillance of human populations, on a large scale, and the exercise of mind control. Another agenda: biological experimentation and this goes back to the genetically engineered life forms that have been spraying upon virtually all of us and are to be found within us. Of course, don't forget about old-fashioned greed: there are the profit-making schemes of a few big corporations that are way too cozy with our US Department of Defense.



Above and below, Muddy streaks cloud the sky in aerosol spraying; it is what is commonly called chemtrails

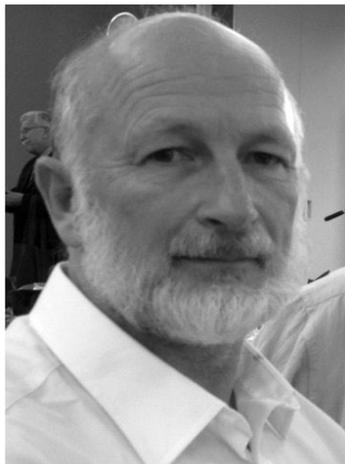


The controversial HAARP antenna array near Gakona, Alaska. It is reportedly being used for control of weather events, so as to make weather a weapon, but also much more.

In a vein of positive thinking Freeland offers some self-help ideas for reducing the impacts that these pseudo-life forms can have on us. She suggests such things as alkalizing the blood, using antioxidants and detoxifying the liver.

Freeland's book is a valuable resource for those who would like to know what is really happening to weather, water, forests, crops and, yes, ourselves and our freedom. We have a right to know; we need to know.

We list other resources on the next page, page 21.



Clifford Carnicom



Elana Freeland

Resources:

www.CarnicomInstitute.org
Look for video sessions with Clifford Carnicom and Gwen Scott, ND.

www.GeoEngineeringWatch.org
(Dane Wigington)

www.WeatherWars.Info. - meteorologist Scott Stephens

Resonance: Beings of Resonance.
Directed by James Russell and John K Webster.

HAARPstatus.com

www.EarthPulse.com, Nick Begich

Dentists, a Doctor Who Have Passed on

James A. Harrison, DDS, of Pagosa Springs, Colorado, died of cancer on August 10, 2014. Dr. Harrison was survived by his soul mate and longtime companion Constance Clark, his mother Marilyn, his daughter Nina, and his sister Wendy and brother-in-law David Hashmall. Dr. Harrison was perhaps best known for the herb and essential oil based oral hygienic products that he developed for his company BioPro Dental, a business that he founded and operated with his business and life partner Constance Clark. They were exhibitors at many of the IAOMT conferences over the years.

Michael Pawk, DDS, died in October 2014. He was survived by his life partner, Dora Bailey. They lived in Renfrew, Pennsylvania. Dr. Pawk was honored as one of the original founders of the IAOMT back in 1984. For many years he served as the IAOMT member who was the academy's liaison person with DAMS. His appreciation of the role of DAMS in the movement was very helpful to us.

Andrew Landerman, DDS, died in March 2014. He was survived by his wife, Mamta. They lived on a farm near Sebastopol, California, north of San Francisco. Dr. Landerman was an earlier leader in what was then called the American Academy of Biological Dentistry, now called the International Academy of Biological Dentistry and Medicine. He was a notable early practitioner of electro-acupuncture-according-to- Voll (EAV), now commonly called electro-dermal-screening, to assess dental conditions and help guide to treatment approaches.

Timothy M. Gallagher, DDS, died on June 27, 2014. Although he had retired in 2012, he had been a longtime

holistic dentist, being particularly active in the Holistic Dental Association, serving as its president for one term.

John Walsh, DDS, of Anchorage., Alaska, a longtime leader in holistic dentistry in Alaska, died on October 31, 2013, after a battle with cancer. He was survived by wife Amelia and children Nicole and John.

Mayer Eisenstein, MD, died on December 22, 2014. He was an outspoken critic of vaccines and over-reliance on drugs and made minimal use of caesarian sections at childbirth. He was a staunch champion of health freedom as well as natural health methods. Instead of the usual vaccination and drug approaches, he favored non-drug supplements for naturally building immunity. In the 20,000 families he had in his care over time, there were said to be no cases of autism. ■

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DAMS 1043 Grand Ave, #317 St Paul MN 55105 USA 651-644-4572

Dental Amalgam Mercury Solutions

Prices shown at right include the cost of shipping the item within the USA by media mail.

	<u>unit</u>
	<u>price</u>
<u>Books on Dental and Health Issues</u>	
Rescued by My Dentist, By Douglas Cook, DDS [2009]	24.00 _____
Whole Body Dentistry, By Mark Breiner, DDS, [2011]	24.00 _____
Patient Empowerment: How to Slay the Dental Dragons, By Hal Huggins, DDS, MS [2013]	22.00 _____
Uninformed Consent: the Hidden Dangers in Dental Care, By Hal Huggins, DDS, & T. Levy, MD [1999]	19.00 _____
Dentistry Without Mercury, By Sam Ziff and Michael Ziff, DDS [2001]	8.00 _____
Mercury Detoxification Simplified, by William Rasmussen [2014]	26.00 _____
Lead Detoxification Naturally, By William Rasmussen, MA [2008]	12.00 _____
Time Bomb from Within: Mercury Poisoning in Dentistry, By Stuart Scheckner, DDS [2012]	21.00 _____
Am I Dead? - Cancer Cured, the Coming Storm, By Fred Hughes	22.00 _____
Root Canals: Savior or Suicide, By Hal Huggins, DDS	18.00 _____
Health & Nutrition Secrets that Can Save Your Life, By Russell Blaylock, MD [200000]	22.00 _____
Hypothyroidism Type II, By Mark Starr, MD [2005]	22.00 _____
The Missing Link (heart disease linked to mercury) By Sam Ziff & Michael Ziff, DDS [1991]	8.00 _____
The Case Against Fluoride, By Paul Connett, PhD and James Beck, MD, PhD [2010]	24.00 _____
Chronic Fatigue: Poisoned by the Mercury in Your Mouth, A. Jeppsson-McClintock [1997]	8.00 _____
Public Health SOS: The Shadow Side of the Wireless Revolution, By Camilla Rees, Magda Havas PhD	22.00 _____

DVD Videos on Dental and Health Issues

Smoking Teeth equals Poison Gas (mercury vapor release from amalgams), By David Kennedy, DDS	11.00 _____
Mercury, a Slow Death, a film in DVD or VHS format, by Christy Diamond [\$8.00 in VHS format]	17.00 _____
Fluoridegate, a DVD by David Kennedy, DDS	11.00 _____
Let the Truth Be Known - Set of Two Disks, Part 1 and Part 2 (only sold together now)	30.00 _____
Part 1 has four segments on fluoride, each 28 minutes long, as follows:	
1) China's Crippling Waters, 2) Chris Bryson, author of The Fluoride Deception, interviewed	
3) Why I Changed my Mind, with Hardy Limeback, DDS, 4) William Hirzy, Ph.D., interviewed	
Part 2 has four segments: 1) Poisoned Horses (poisoned by fluoridated water),	
2)Bad Bugs (gum health), 3) Smoking Teeth, and 4) The Secret Story of Fluoride]	
Take Back your Power, By Josh del Sol (documentary on hazards of smart meters)	19.00 _____
What in the World Are they Spraying? (chemtrails, the dirty sky) By Michael Murphy and G. E. Griffin	5.00 _____
Why in the World are they Spraying? (chemtrails, the motives)By Michael Murphy and G. E. Griffin	5.00 _____

Membership dues, new or renewing, one year, \$25.00 For low income, \$15 or \$20 is suggested. _____

Contributions are always welcome. They are tax deductible. _____

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Grand total. Pay this amount by check, money order or credit card (Visa, MC, AmEx - fill out below). _____

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Thank you!

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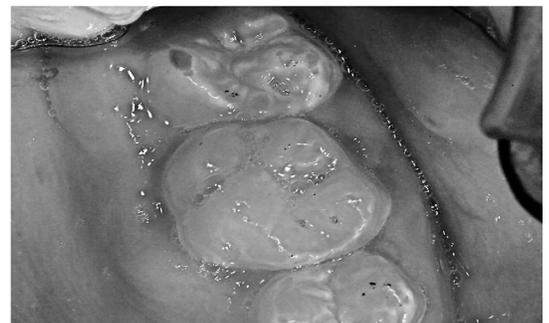
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Tell your friends and relatives to call for an Information Packet and a list of DAMS practitioners in their state. 651-644-4572 or e-mail dams@usfamily.net

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Torus in a thirty year old female. These are the rounded, boney outgrowths that are seen inside the dental arch. They have about 20 times the fluoride concentration that the surrounding bone has.



Dental fluorosis in the teeth above from overexposure to fluoride after age two. These teeth have lost shear strength.

See article on dental damage caused by long-term accumulation of fluoride, Page 11.

Pictures courtesy of Dean Murphy, DDS.